

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042823

FILED VS NOV 28 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 451

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Marion.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Mo.		Length of stay in lb 10 Dys		c. CITY OR TOWN Center, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERTHA Middle HAZEL Last - WILSON				4. DATE OF DEATH Month Oct Day 28 Year 1960.			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 64 Days 64		IF UNDER 24 HR Hours 64 Min. 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Howard Co, Missouri,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Virgil O. Wilson.		13b. MOTHER'S MAIDEN NAME Evilena Harlinger.		14. NAME OF HUSBAND OR WIFE Single.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address George Wilson. Center, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon with extension to stomach and metastasis to liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 2 Wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 10-12-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 10-28-60	
21. I attended the deceased from 10:00 to 10:28-60 and last saw him alive on 10-28-60 Death occurred at 10:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert L. Z... (Degree or title) M.D.		22b. ADDRESS Hannibal, Missouri.		22c. DATE SIGNED 10-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-30-1960		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery.		23d. LOCATION (City, town, or county) (State) Ralls Co, Mo.	
24. FUNERAL DIRECTOR Clyde S. McCary		ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. 11/14/60		26. REGISTRAR'S SIGNATURE Dr. E. M. Duke by William M. Herman	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

X or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde H. Mearns

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.